Bank Verification

ing Address:		Fax #: ()	
ount Holder:			
I,	, hereby author	rize the release of any asset	
information for myself or a	iny of my minor dependents.		
Signature	Date	Social Security #	
Signature		Social Security #	
pility for housing and occupancy	ation and return as soon as possible. This in a development governed by the Low In e and asset information for applicants seel at Agent	ncome Housing Tax Credit Prog	gram. Due to federal m
bility for housing and occupancy lations, we must verify all incom	in a development governed by the Low Ine and asset information for applicants see	ncome Housing Tax Credit Program housing under this Program	gram. Due to federal m
pility for housing and occupancy ations, we must verify all incom	in a development governed by the Low Ine and asset information for applicants see	ncome Housing Tax Credit Program housing under this Program	gram. Due to federal m
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bility for housing and occupancy lations, we must verify all incom Property Owner/Management	in a development governed by the Low Ine and asset information for applicants seed at Agent	ncome Housing Tax Credit Programs in the Program in	gram. Due to federal m IS FORM TO:
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bility for housing and occupancy lations, we must verify all incom Property Owner/Managemen	in a development governed by the Low Ine and asset information for applicants seed at Agent list ALL account information. Use back	ncome Housing Tax Credit Program King housing under this Program MAIL OR FAX TH of page if more space is needed Average 6 Month	gram. Due to federal m IS FORM TO: I. Interest Rate (N/A if no
Please	in a development governed by the Low Ine and asset information for applicants seed and asset information for applicants seed at Agent list ALL account information. Use back Current Balance \$ \$	Average 6 Month Balance	gram. Due to federal m IS FORM TO: I. Interest Rate (N/A if no interest) %
Please	in a development governed by the Low Interest and asset information for applicants seed and asset information for applicants seed and Agent list ALL account information. Use back Current Balance	Average 6 Month Balance	gram. Due to federal m IS FORM TO: I. Interest Rate (N/A if no interest)

Account #	Current Balance	Interest Rate (N/A if no interest)
#	\$	%
#	\$	%
#	\$	%

Certificates of	of De	posits:
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Account #	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		
#	\$	%		

Money Market Accounts:

Account #	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		
#	\$	%		

IRA, KEOGH, Pensions:

Type of Account	Current Cash Value*	Interest Rate/Projected Earnings	Does Individual have access to these funds?	Is Individual taking regular payments from this account? If Yes – what amount & frequency?
	\$	%		
	\$	%		
	\$	%		

• (Current cash value is th	e amount the holder	would receive if	converted to	cash (minus any penalti	es)
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Are there any other account	s held by this person or their minor dependents?	o YES	o NO	
Please List:				
Signature of Source	Title		Date	Phone #

The use of white out, black out, or alteration of original information will void this document.

 $E:\ensuremath{\mbox{\sc E:\ensuremath{\mbox{\sc Program}\sc LICM\sc IFA\ LIHTC\ 107.doc} } \\ Revised\ 2004$